

FILED MAR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8626

1056

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>60 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>513 Barnett</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Downs</u> c. (Last) <u>Downs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar</u> <u>5</u> <u>1950</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, (DIVORCED) (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 22, 1876</u>		9. AGE (in years last birthday) <u>63</u> If under 1 year: Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matron</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matron</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Spending Business</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Charles E. Bye</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Allen</u>		14. NAME OF HUSBAND OR WIFE <u>C.A. Downs</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Charles E. Bye</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage with right hemiplegia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalomalacia</u> DUE TO (c) <u>Cardiac Failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3327</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>11-8-1949</u> to <u>3-5-1950</u> , that I last saw the deceased alive on <u>3-5-1950</u> , and that death occurred at <u>P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Ellsworth H. Trowbridge</u> (Name or title)				23b. ADDRESS <u>1905 Bryant Rd. - K.C., Mo.</u>		23c. DATE SIGNED <u>3-7-50</u>	
24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>March 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haroldson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-7-50</u>		REGISTRAR'S SIGNATURE <u>Theraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert H. Bilton</u>			
				ADDRESS <u>Kansas City, Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ralph T. F. Howard*

Licensed Embalmer No. 2503

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.